

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 285

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

GERALD OTTEN

Mailing Address 2905 Evergreen Way

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.127766

Amount of Each Receipt this Period

40.08

B.

Full Name (Last, First, Middle Initial)

GERALD OTTEN

Mailing Address 2905 Evergreen Way

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.127905

Amount of Each Receipt this Period

40.08

C.

Full Name (Last, First, Middle Initial)

GINA R L PACHECO

Mailing Address P.O. Box 5488

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.128439

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

280.16

TOTAL This Period (last page this line number only)